

Name
In
Full

Elizabeth Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

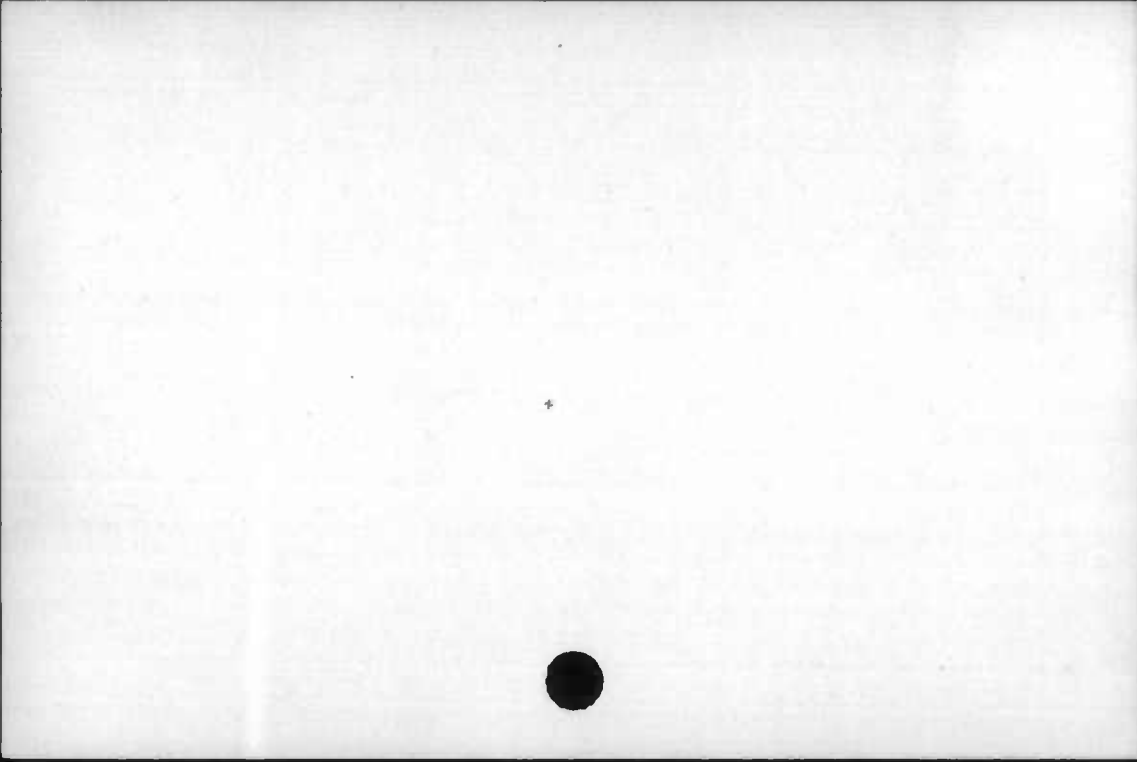
Died at <i>Riversville</i> <small>Town</small>		<i>St. Marys</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Oct.</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>67</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs H. Bond</i>				
Father's Name <i>Wm Hall</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Don't know -</i>	Mother's Birthplace <i>-</i>				
Name of person giving information <i>B. B. Love</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart disease -</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Johnson</i>
	Address <i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Emma Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

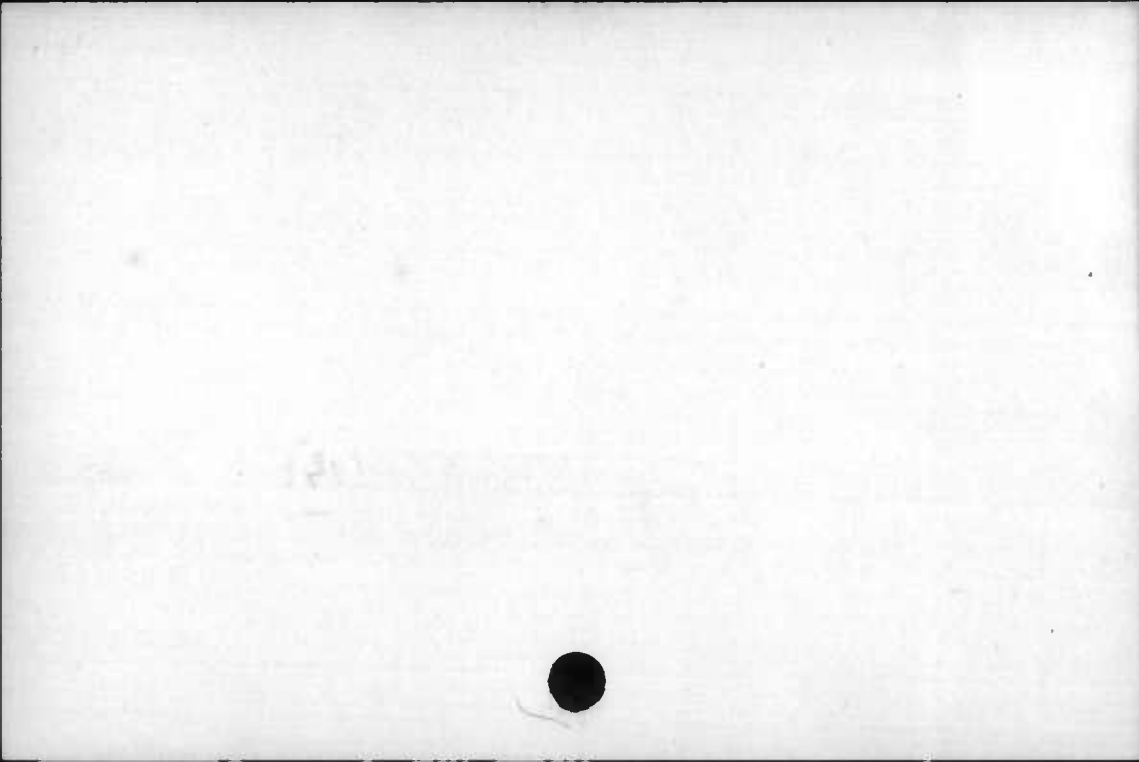
Died at		Town <i>Morganza</i>		County <i>St. Mary's</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		<i>Oct.</i>	<i>14</i>	<i>21</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>			
Occupation <i>Seamstress</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Herbiman Bond</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Wesleya Webb-</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Geo. Jordan</i>		How related to deceased					

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary	<i>Childbirth & Insanity</i>	How long	<i>2 Months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. B. Johnson</i>	
		Address <i>Morganza</i>	
Accident or Suicide?			



Name
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Ernest Buttr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

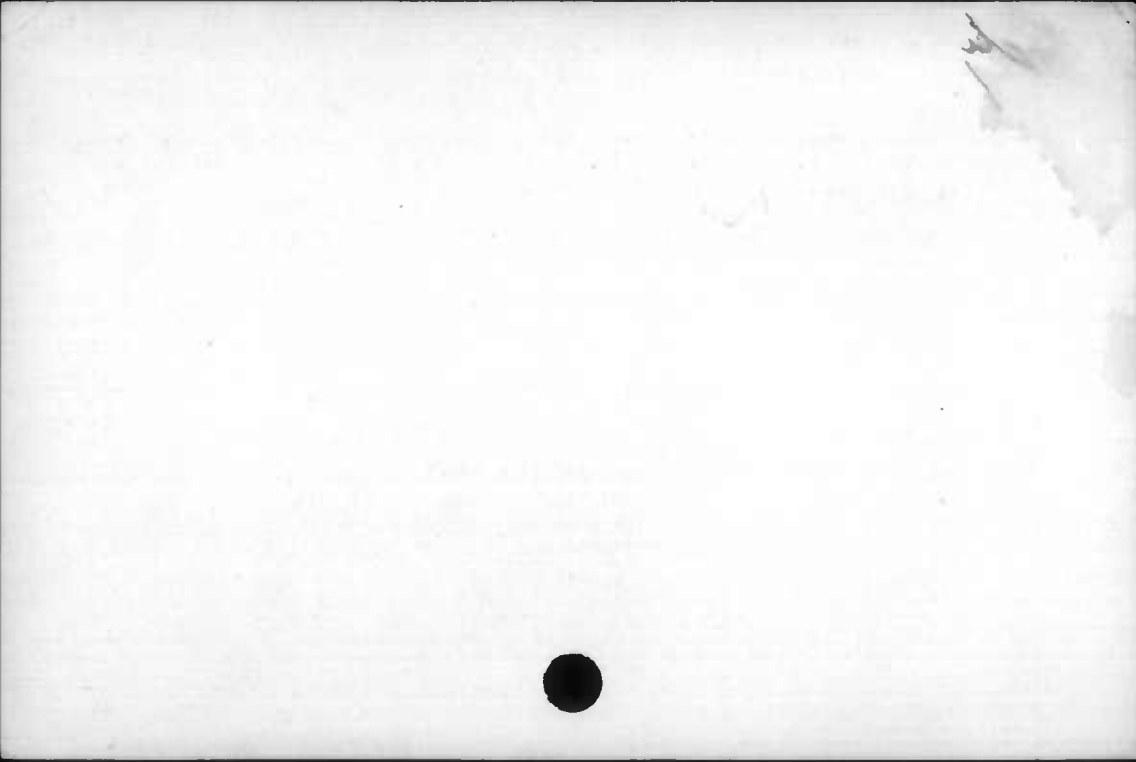
Died at <i>Rivings</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>oct</i>	Day <i>8</i>	Age <i>24</i> Years	Months <i>6</i> Days <i>10</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Henry Buttr</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Maria Brown</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>William Henry Buttr</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Intestinal tuberculosis</i>	How long <i>10 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind</i>



Name
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CERTIFICATE OF DEATH

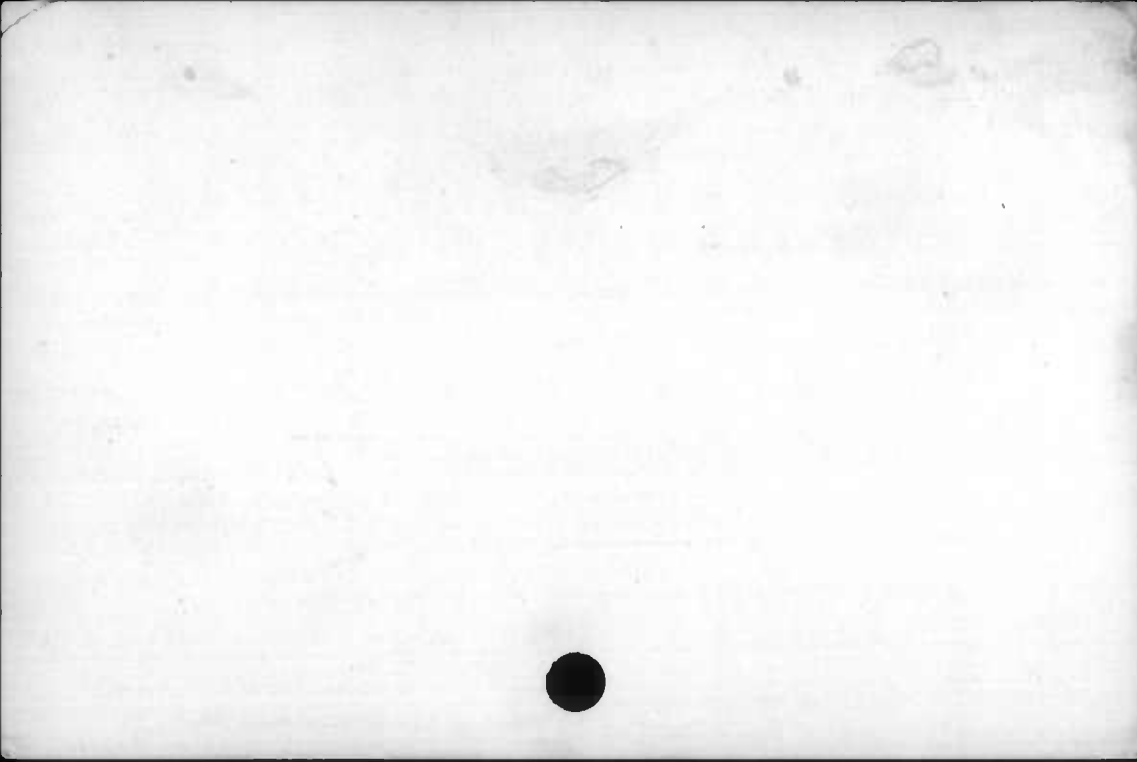
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edyth Gass</i>		Town <i>Ables</i>		County <i>St. Mary's</i>		MARYLAND					
Died at		Month <i>Oct.</i>		Day <i>25-</i>		Years <i>25-</i>		Months <i>5-</i>		Days <i>-</i>	
Date of death <i>1909</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>ind</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>-</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Gass</i>									
Father's Name <i>James H. Bailey</i>				Father's Birthplace <i>ind</i>							
Mother's Maiden Name <i>Julia Russell</i>				Mother's Birthplace <i>ind</i>							
Name of person giving Information <i>Robert Gass</i>				How related to deceased <i>Husband</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>16 days</i>
Immediate	<i>Intestinal Peritonitis</i>	How long	<i>3 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Robt. V. Palmer</i>	
		Address <i>Palmer ind</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chas Ogle Thomas

Died at *Persimmon* *St. Mary's* County **MARYLAND**

Date of death 190 *9* *Oct* *30* Age *68*

Sex *Female* Color or Race *White* Birthplace *P.G. County*

Occupation *Housewife* Where Residing if not at place of death *St. Mary's Co.*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas Ogle Thomas*

Father's Name *Upton Beall* Father's Birthplace *Pa*

Mother's Maiden Name *Louise Ogle* Mother's Birthplace *P.G. County*

Name of person giving Information *Son* How related to deceased *Son*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Typhoid Pneumonia* How long *nine days*

Immediate *Typhoid Pneumonia* How long *nine days*

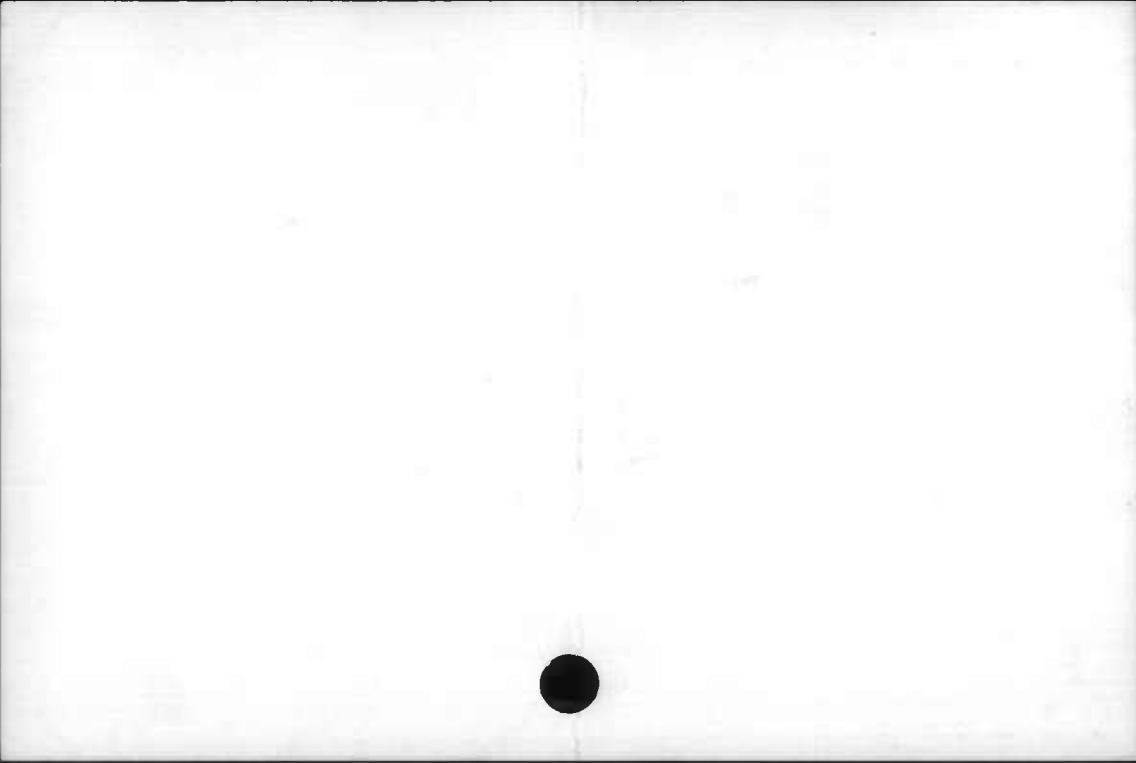
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Hy Richardson*

Address *Great Mills*

St. Mary's Co., Md.

Accident or Suicide



Name
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Full

Thomas Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blades Point</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death	1909	Month	10	Day	7	Age	24
Sex	male	Color or Race	colored	Birthplace	md		
Occupation	Sailor			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Robert Woodland				Father's Birthplace	md	
Mother's Maiden Name	Alice Dyson				Mother's Birthplace	md	
Name of person giving information	Thos. Thomas				How related to deceased	uncle	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONERPrimary *Accidental drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rott. V. Palmer

Palmer

Accident or Suicide?

